

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412 936002155		OMB Approval No. 0348-0039	Page 1	of 1 pages	
Elgin City Police Department PO Box 128 Elgin OR 97827 ATTN: FINANCIAL OFFICER							
3. Identifying Number 936002155		6. Final Report ☐ Yes ☒ No		7. Basis ☒ Cash ☐ Accrual			
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 04/01/95		To: (Month, Day, Year) 06/30/95	
10. Transactions:		I Previously Reported / /	II This Period	III Cumulative			
a. Total outlays		0.00	2379	2379			
b. Recipient share of outlays		0.00	87	87			
c. Federal share of outlays		0.00	2292	2292			
d. Total unliquidated obligations				—			
e. Recipient share of unliquidated obligations				—			
f. Federal share of unliquidated obligations				—			
g. Total Federal share (Sum of lines c and f)				2292			
h. Total Federal funds authorized for this funding period				69,701.00			
i. Unobligated balance of Federal funds (Line h minus line g)				67,409			
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed						
	b. Rate	c. Base	d. Total Amount		e. Federal Share		
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
A. Block/Formula passthrough \$ — B. Federal Funds Subgranted \$ —		PROGRAM INCOME: C. Forfeit \$ — E. Expended \$ — D. Other \$ — F. Unexpended \$ —					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Joe Garlitz City Recorder			Telephone (Area code, number and extension) (803) 437-2253				
Signature of Authorized Certifying Official 			Date Report Submitted 7/24/95				

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3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000															
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number		6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☐ Accrual										
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03 /01 /95		To: (Month, Day, Year) 02 /28 /98		9. Period Covered by this Report From: (Month, Day, Year) 07 /01 /95	To: (Month, Day, Year) 09 /30 /95										
10. Transactions:		I Previously Reported 06 /30 /95	II This Period	III Cumulative											
a. Total outlays		2,379.00													
b. Recipient share of outlays		87.00													
c. Federal share of outlays		2,292.00													
d. Total unliquidated obligations															
e. Recipient share of unliquidated obligations															
f. Federal share of unliquidated obligations															
g. Total Federal share (Sum of lines c and f)															
h. Total Federal funds authorized for this funding period				69,701.00											
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Typed or Printed Name and Title			Telephone (Area code, number and extension)												
Signature of Authorized Certifying Official			Date Report Submitted												

****ATTENTION ****

Mailing Address for Financial Documents

OJP Grantees:

- If you are sending financial documents such as the SF 269, Financial Status Report, to the Office of Justice Programs (OJP) for an **OJP grant**, please use the following address:

OJP Control Desk
Room 5303
810 Seventh Street, N.W.
Washington, D. C. 20531

COPS Grantees:

- If you are sending financial documents such as the SF 269, Financial Status Report, to the Office of Justice Programs (OJP) for a Community Oriented Policing Services (**COPS**) **grant**, please use the following address:

OJP/COPS Control Desk
Room 200
1100 Vermont Avenue, N.W.
Washington, D. C. 20530

-- PERSONAL SERVICE --

	Yr 1	Yr 2	Yr 3
Salary Fast Cap →	18,348	20,433	22,205
Med/Dental/Vision Insurance (2)	5,952	5,952	5,952
Retirement Benifits .06	1,101	1,226	1,332
FICA .0765	1,404	1,563	1,699
Wrkr Cmp (2 offc + 4 rsrv) .044	811	903	981
Life Insurance (6 offcrs)	8	8	8
Unemploymnt, (self insured) .05	917	1,022	1,110
TOTAL PERSONAL SERVICE	28,541 8.84%	31,107 9.80%/m	33,287 10.66%/m

A	B	C	D	E	F	G
				964 Fed	1,036 L.S.	
28541	.9	25687	27500	9635	1041	4% 95/96
31107	.75	23330	25000	3631%	6107	96/97
33287	.5	16644	17200	510%	16087	98/99
92935		65660.65	69700	71%	23235	15%
69701				92935		

202 - 307 - 1382
ATTN Denise